

On the treatment of Insanity
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ON THE TREATMENT OF INSANITY,

MORE ESPECIALLY BY DRUGS.

By GEORGE H. SAVAGE, M.D.

IN the following paper I purpose reviewing my experience in the treatment of patients suffering from insanity. There are two grand divisions in the treatment which may be called the moral and the medical. Still, in the majority of cases, we have to trust chiefly to the former treatment; and, as a discussion of this would open too wide a field, I shall only allude to this part of my subject in a very cursory way.

Very many patients require only a sufficiently early removal from their ordinary surroundings to get well. The insane mind seems to have a facility for acquiring or fixing morbid habits. All asylum physicians assert, that early treatment, *i. e.* early removal from home, is followed by a greatly increased chance of cure. This is true, and may be explained in many ways. The anxious solicitude of relations, and their constant recognition of the delusions or morbid ideas of the patient, have a tendency to maintain these ideas. The home surroundings irritate by the necessary change in the relationship of members of the family; the head of the family, for instance, having become insane, no longer has authority, but is thwarted by those whom he considers his subordinates and dependants. Again, if the patient has delusions as to poverty or ingratitude, these are felt more

keenly when he sees around him those who must suffer from his misfortune. Another and, to my mind, very important thing to be noticed is, that many members of the patient's household are his blood-relations, and very probably inherit more or less of his neurotic tendency. This is an important reason why patients should be removed from home, not only for their own sakes, but for the sake of their relations.

Early removal from old surroundings is important in most cases, but there are some that require it more certainly than others. Those, whose attacks depend on some definite physical state that may pass off or be cured in a short time, hardly require removal, if means sufficient for careful supervision exist; and travel or change of scene, with the required medical treatment, may effect a cure.

There are some other cases that I regret to see enter an asylum. Such are young and hysterical patients. Boys admitted to asylums run a great risk of moral deterioration, the surroundings of an asylum are often injurious, and hysterical cases not unfrequently learn to be more deceitful than ever. Doubtless, small private asylums have not these evils so markedly as larger public ones. It will be well when a kind of advanced schooling can be made use of for this class of patients. Regular occupation, mental and physical, would save a few of these waifs. The great object aimed at in asylum treatment is to conduct patients through acute attacks, saving them from themselves and from others, to prevent the establishment of bad moral or intellectual habits, and in some cases to re-train the mind for future use.

Any measures that will help must be used, and it is only experience that will enable one to say which is likely to avail. Reasoning and worrying persons about their delusions rarely does good, and sometimes does harm, but the tacit neglect of the morbid ideas is most useful.

I would not dissuade from full and careful investigation of a case in all particulars; but having full knowledge of it, I would not willingly irritate the patient by needless investigations into his ideas any more than I would always be handling an abdominal aneurism. But I must now pass from this part of my subject.

In considering the medical treatment of insane cases, we

must have clearly before us what we want to do and what is possible.

Every insane case has to be considered apart, and a knowledge of the cause of the mental disease is of the utmost importance in the treatment; in fact, the cause is of much greater importance than the form of the disease.

It must not be our object to have a quiet patient or a quiet asylum at any cost. No doubt sedatives, depressants, and the like act more powerfully than strait-waistcoats; but, as Dr. Wilks said some time ago, we might "just as well have gradations of prize-fighters, who could render patients of different sizes insensible for various periods." We do not necessarily cure by producing quiet.

I would most strongly insist first upon the physical diagnosis of the disease. Rarely do we see any cases that can be called sthenic; the noisiest maniac is often pale, anæmic, and with a feeble pulse. Such cases will rather benefit by stimulants than by depressants. General measures are of most service in the treatment. Any special measures addressed to the head are of little use. A great object in all cases will be to get the bodily functions into working order by means of abundant easily digested food. This is frequently the whole battle, for all the functions are so dependent on healthy nerve-supply that no permanent return to health precedes return to sanity. We shall presently see that it is almost useless to treat amenorrhœa in melancholia simply by emmenagogues.

Among the simplest of general remedies is bathing, and I shall therefore consider it here. In England, bathing as a therapeutical agent is not used so carefully as abroad, and I fear that in Bethlem, from want of apparatus, our treatment is rather rough and unsatisfactory. We use shower-baths, especially during the warmer months, in a great number of cases. Shower-baths have been considered in the double relationship as deterrent and curative.

It is rarely wise to use them in the former way. Unreasonable patients are not to be punished, but I see no reason for withholding the baths when they are both curative and deterrent.

We usually give one shower-bath, lasting from half a minute

to a minute, every morning, and find this treatment beneficial in the following cases.

In some cases of acute mania in young persons, who have good appetites and are in fair general health, many of whom are noisy, obscene, and destructive, shower-baths produce good results in checking the destructive tendencies, and some of the patients seem to be quiet and to sleep better after them. In the above cases, the baths should not be continued if good reaction does not follow; and should, of course, be discontinued during menstruation.

I must confess that, in the great majority of cases suffering from acute mania, very slight good has been achieved by this means; but, on the other hand, I have seen one case in which two attacks of mania at different times were at once relieved by the use of baths. In several other cases shower-baths, combined with other measures, have answered well. In one case, a most violent attack of mania in a young lady of thirty years, which lasted for six months, unchecked by depressants, was brought to an end by the use of shower-baths combined with *succus conii* internally.

In most cases of mania the baths must be continued for several weeks, but if some improvement in general health or greater quiet be not early produced, some other means should be tried, either in combination with the baths or alone.

In young cases of acute melancholia good is frequently effected by the use of shower-baths, but here special care must be taken that there is sufficient bodily power to ensure healthy reaction, otherwise harm may be done.

In such cases the sodden dusky complexion often passes off under their use, to be replaced by a more healthy tint; the appetite improves, and the general health is slowly re-established.

I have found shower-baths as useful in many young cases of melancholia as morphia is in older ones, and I would use them in the more apathetic brooding cases rather than in the more actively miserable. In a few cases in which there were destructive and suicidal impulses good has resulted.

In many cases of emotional insanity and in hypochondriasis baths are useful, having a tonic and also a controlling effect.

Shower-baths or wet packing and cold affusions have also done good in one or two cases of hystero-epileptic mania.

In some of the melancholic cases the early bath has been of great service as a tonic stimulant at the time of day most favorable to depression, most of such cases being more depressed and suicidal in the early morning than later in the day, the grief and physical misery seeming to have gained new intensity by the night's quiet or rest.

In acute primary dementia and in melancholia with stupor good may be done by baths, but the patients are often too weak to bear them, and galvanism may be used more satisfactorily.

Of all conditions, I think that of convalescence from acute mental disease is the one most benefited by shower-baths.

Many cases of acute mania pass from the excited state to one of greater or less depression or dementia, and in these cases baths are of the most signal service. Patients seem to improve from the first, and steadily progress under their use. Many cases, too, recovering from melancholia improve under this treatment. As a class, patients recovering from insanity of childbirth require shower-baths or some similar treatment, as they are mostly feeble and unstable.

Other similar cases, following acute diseases, pass into a demented condition which may be benefited by the use of baths.

Generally speaking, cases due to masturbation should be tried with cold baths.

I should never allow shower-baths in cases of general paralysis, or in patients suffering from insanity of decay such as phthisical or senile.

I subjoin short notes of some cases benefited by the use of baths. In most cases I have verified my own opinion by asking the patients what mode of treatment seemed to produce the best results.

Emily M—, single, æt. 24. No inherited taint. Ill health given as cause of insanity. She was noisy, destructive, incoherent, and in fact extremely maniacal. She had a remarkably small head and body, and managed several times to get through a window less than six inches across. For five weeks no improvement took place, but shower-baths improved her general health, so that she slept better and took

her food well. For a time she became more lost in manner, but at the end of four months was well enough to leave off the baths and go out on leave. She herself and the attendants noticed improvement under the use of the baths.

Grace B—, single, æt. 17. History unknown save that she had been once in gaol for stealing. Cause unknown.

Noisy and grand, talking of lords and ladies as her friends. More violent at menstrual periods, at times very markedly hysterical. Had hallucinations of sight and hearing.

Shower-baths were ordered, and after having had three, she was already more quiet by day, but became noisy at night.

The continuance of baths for six weeks ended in a complete cure. Here again the patient attributed her cure to the baths.

Eliz. T—, single, æt. 36. Maternal uncle twice insane.

Subject to facial neuralgia and amenorrhœa. Was vacant, wandering, and melancholy. A gloomy unconsciousness took possession of her. She became obstinate and then noisy, especially at night.

Iron and then the continuous current were used without any good result. Shower-baths were tried, and with the use of the galvanism she rapidly regained her cheerfulness, and was discharged well. The baths were used for a month. She said she always slept better after the galvanism.

In some very similar cases no good results followed. Thus, Florence D—, æt. 19, single. Paternal cousin insane. Stubborn, untidy, incoherent, and troublesome. Appetite voracious; sleep good, but full of dreams. Catamenia regular. Shower-baths and galvanism, though used for months, did not produce the least effect.

Again, Alma P—, single, æt. 22. Sister melancholy. This patient was a marked case of "stupidité." Erotic tendencies appeared. Bromides were used, and camphor and chloral, but no good followed. Shower-baths for three weeks did no good, but finally without medicinal treatment the patient got quite well.

In the next case the patient was worse after each bath.

Maud T—, single, æt. 15. No insane relations. Grief given as the cause. Catamenia irregular. Fancied she was trans-

formed into a pig and that her friends were variously changed. She had also grand ideas, as that her father was an emperor. She was troublesome and obstinate. After the baths she was more dull and lost; they were discontinued after about a month.

The other forms of bathing have not been tried in Bethlem carefully enough to warrant my giving an opinion on their utility, but I believe that the Turkish bath is often of great service in cases of melancholia, and that warm baths with cold affusion to the head are very useful in acute mania, but difficult to give.

I purpose reviewing next my results of treatment by drugs, and shall begin with the most important and the one of most repute, opium, and its alkaloid morphia, and then consider in turn chloral hydrate, camphor, conium, and hyoscyamine. I may here say that the hyoscyamine I have experimented with is the alkaloid and not the extract (also called hyoscyamine) used by Dr. Lawson. I have not had time to go through a second series of experiments to try the effects of this aqueous extract, and can therefore only leave on record my experience with the former substance, feeling satisfied that the physiological symptoms I produced were due to the drug, and were similar in character to those produced by Dr. Lawson, though the cures were wanting in my experience.

Opium and morphia.—Until quite recently opiates were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that whereas some cases are relieved by opium some are not affected at all, whilst others are really injured by its use. We have as yet only got so far as to say that cases of a certain type will probably be relieved, and though I have been carefully watching for some general indications for its use, thus far I have failed to find them. After trying opiates in several forms I have almost given up all preparations but morphia.

This I have given in solution, internally in doses of from one quarter to two grains three or four times a day, or else subcutaneously in the same doses once or twice daily. I would here remark that the action of the drug differs in many cases with the way of its administration. I shall have to notice

some cases that greatly improved under the one mode while they were unaffected by the other. M. Voisin and other French physicians have given it wholesale and I think indiscriminatingly, and I would avoid their error. I do not think it necessary to increase the dose steadily so as always to produce nausea. In many cases improvement has taken place when no nausea has occurred, and I look more hopefully on cases in which the appetite remains good, the bowels are not confined, and sickness is absent.

The dose has to be increased in most cases and a wonderful tolerance is induced, so that I have known a patient to whom two grains injected subcutaneously were like a glass of wine—it gave her extra energy and self-confidence, and she would beg that it should not be omitted on the evening of a ball.

With this increase we have also to dread the growth of the morphia habit; this once established is almost as hard to break off as spirit-longing, and I shall have to refer again to this in one of our cases.

I have given morphia in mania of several varieties, and rarely, if ever, with anything more than temporary benefit. In the excitement of general paralysis the same may be said.

In melancholia more benefit has followed, but not in all cases. My colleague, Dr. Rhys Williams, is of opinion that the time over which the morphia was given effected the cure rather than the morphia itself. Many recorded cases of cure after several months or even a year's treatment rather confirm this opinion; but besides these there are certain cases that react at once to morphia treatment, and I shall notice some of these.

In a few exceptional cases one or two rather strong doses of morphia, either by mouth or by subcutaneous injection, have had a sudden effect.

The process of injecting is one that startles many patients, and acts as do certain other modes of treatment, such as the shower-bath and galvanism, by rousing attention and causing a struggle that is a determined exertion of nerve force.

Certain other cases only require morphia at intervals, some having periodic fits of depression or sleeplessness that may be subdued by morphia. In a few cases symptoms of mental derangement follow sleeplessness and depend on this. I have

seen several such cases, in whom the mental condition always varied with the amount of sleep obtained during the previous night.

The following cases were not improved by morphia administered by the mouth, but recovered on the addition of subcutaneous injection :

J. W—, æt. 39, married. Four children. First symptoms ten weeks before admission, incoherence and wildness. She fancied people talked about her, was more wild in the morning but often rational in the evening. Complained of oppression in the head. On admission she was dreadfully nervous and timid, fancying people were going to injure her. Slept badly but ate fairly. She improved for a time and then became as nervous as ever, and worried every one in the gallery. She became more excited and attacked people under the idea of self-defence. She was put on solution of morphia in half-grain doses twice, then three times daily, but was worse under the treatment. After she had been in the hospital two months subcutaneous injection was begun, the dose of one third of a grain of morphia being rapidly increased to one grain, and the patient steadily improved. Within two months of the commencement of the subcutaneous injection she was sent on leave, was then discharged well, and has now remained so eighteen months.

In the next case the treatment had to be long continued, and the good effects appeared for some time to be only temporary ; and the habit of morphia-taking became so established that we had some difficulty in breaking it off.

R. H—, female, single, æt. 36. No family taint. Cause unknown. Her symptoms were of the common melancholy type. She fancied that spiritualists affected her, that she had committed the unpardonable sin and must be damned, and thought herself possessed by devils. On admission she refused food, and was solitary, fearful, and unoccupied. She was extremely weak and ill, but there were no signs of phthisis or other organic disease. Was obstinate and slept badly. For three months she made no improvement, then half a grain of morphia in solution was given three times a day by mouth. After this she slept better, but was otherwise in the same state, being weak and obstinate, and still losing flesh.

After more than a month of this treatment, the dose having been increased, I began to inject half a grain of morphia once, then twice daily. During the next month the improvement was slow but steady, the morphia being increased to one grain subcutaneously ouce daily, whilst she also took one grain three times daily by mouth. The improvement continued, but was very slow; the patient was always worse if the subcutaneous injection was discontinued. The dose was increased to two grains once a day. On several occasions pure water was injected, but she always detected the deceit.

We discontinued the injection and gradually made the mixture weaker, and after some two months she was able to do without it, and was discharged well. Under the morphia she gained flesh, and her general health, appetite, and spirits improved.

This case had lasted over seven months before the morphia treatment was begun, and had steadily gone from bad to worse, while the nature of her delusions was of a most serious kind. Comparatively few patients get well who have for many months thought themselves to have committed the unpardonable sin.

In the next case we had to deal with a young person suffering from different symptoms, and the result, though favorable for a time, was not altogether satisfactory.

S. J. H—, female, æt. 36. Father insane before her birth. Father's family highly nervous. No known cause for this outbreak, unless it were a love affair. She had made attempts to drown and to poison herself, and had wandered from home. She was sleepless and restless at night, and had a very nervous hysterical manner. She attributed her sufferings to masturbation.

She suffered from pruritus vulvæ, and was always scratching herself. Ordinary watching and regular employment did not improve her. After a month I put her on subcutaneous injection of morphia, beginning with a third of a grain. She soon became less melancholy and more sociable, less nervous and irritable. A liniment of camphor and chloral was applied to her vulva and relieved the irritability.

The patient got quite cheerful and sane, and was sent to our convalescent home, but she could not rest without the

injection, and tried to procure a syringe and morphia for herself. After a time she overcame the craving and was discharged well. Unhappy home-surroundings caused a relapse, and though morphia would control her melancholy, it failed to produce a normal temper, and she was removed to another asylum.

With men I have been less successful, and have only in a few cases produced permanent good, either by injection or by mouth.

The craving for morphia is not a constant result of its continued use. In one case I continued it for six months in a suicidal, melancholy patient who had injured herself most seriously by setting fire to her clothes; but she was, however, able to give up the medicine without any difficulty.

I will now give some cases in which it was administered with success by the mouth.

C. B—, æt. 53, professional, married. Brother died of some brain disease. Domestic and business worry caused this his first attack of insanity. When first seen he was suffering from active melancholia, wringing his hands and rushing about, saying it was all of no use—he was ruined, he could not bear his ruin, and he would go to Newgate. Change of scene was tried in vain, and then he was brought to Bethlem. After three months there was no improvement, and he was put on solution of morphia in half-grain doses twice a day, and began to improve at once. This was continued for about a month, and then he was sent on leave. With careful management at home he completely recovered, and is now in full work, and better than he has been for years.

The next example shows how morphia will control symptoms, though it may be long before it perfects the cure; and in my experience when symptoms are so controlled, it is only a question of time to cure.

M. C. J—, widow, æt. 55. No neurosis in family. Cause unknown. The first symptom was excitability four or five months before admission. She next became depressed. She was suffering from active melancholia on admission, rushing about wringing her hands, saying she had a devil in her inside, and that there was fire there. She refused her food, and said all her teeth were falling out. Was sleepless at night. For two months no medical treatment was tried; then being

rather worse than better she was given morphia by mouth in half-grain doses. She at once—within twenty-four hours—became reasonable, and referred to remarks that had been made to her during her illness, fully remembering and understanding them.

After six weeks she was sent to our convalescent home, and as long as she had morphia was quite quiet and happy, but if this was discontinued she became irritable. Other drugs were tried and other forms of opium given, but these did not answer and we had to resume morphia. She is still under treatment, but will recover. She has suffered from tingling in her hands to a most painful extent while taking the medicine. Her appetite is good and the bowels regular.

I may say that in some cases I find that saline waters are very useful as an addition where constipation results. In one male case the morphia produced evil results.

This patient, a stout, hearty man of 55, has lost all self-control when out of an asylum. He is sure that if free for a day he should kill himself. At times he is deeply melancholy and generally sleepless. Morphia given in any way produces excitement and feelings that he describes as awful, saying that "the medicine would soon make him mad."

In some cases of chronic recurrent melancholia morphia allays or modifies the attacks, but does no more.

To sum up, I would say morphia has served me well in active melancholia, both in old and young, but I have a greater belief in it in the old cases, such as climacteric and senile patients.

In a few cases, where sleeplessness alone seems the cause of mental break-down, it is useful.

In some cases of excitement, in which chloral-taking or overstimulation has caused insanity, it is also useful.

In ordinary acute mania, general paralysis, profound melancholia, and partial or complete dementia, it is of no avail.

I may seem too general in denouncing it in mania, but I only give my own experience, which may be modified in future; in fact, I so much believe that the *form* of insanity is of little importance that I have been disappointed in not finding acute maniacs that would rapidly recover under morphia. I hope

to come across some case that in one attack of insanity has been melancholy and been benefited by morphia and in the next has been maniacal, so that I may try the effect of morphia.

Chloral Hydrate.—Of all medicines recently introduced this has been the most largely used, and I fear that if the good results were compared with the evil done the latter would preponderate. In my experience it is rarely of permanent benefit in mental disease, except in epileptic cases. I have found that it differs greatly in its effect on different persons. Thus, some may take it regularly for months, or even years, without its causing any very serious symptoms, while in others I have found the following evil results :

The dose has to be increased frequently, so that whereas twenty grains produced sleep in the first month, thirty or forty are required in the second.

After taking the medicine for a few nights a more excited form of sleeplessness results if it be discontinued, so that whereas the patient before was quietly sleepless he is now restless as well as wakeful, and thus a habit of chloral-taking is readily established.

Again, in many cases the digestion is impaired and flatulence produced, and, though there be no headache on the following morning, I have frequently found that it came on associated with listlessness in the evening. The mere producing of sleep does little, if any, good in the majority of cases of insanity.

We have also to notice several cases of insanity directly due to the use of chloral.

In some cases, when chloral has been taken for some time and then discontinued, the patients have described a fearful uneasiness which led them to contemplate suicide, and a state of feelings driving them to some impulsive act unassociated with any delusion, but simply a desire rashly to do some injury to themselves.

As far as I have seen, chloral is useful in asylums only in the following cases:—In the epileptic status, in the furore of epilepsy, and in some cases of insanity from excess of stimulants (in these last cases large doses may be required to produce

sleep, and at the same time large doses are rather dangerous). It is also useful in some cases of exhaustion following prolonged restlessness, and in some cases in which the mental symptoms result from other causes that may be relieved by sleep. In some puerperal and in senile cases chloral may be of service in preventing rapid exhaustion.

In states of maniacal excitement I have given the medicine in doses beginning with twenty grains three or four times a day, and have produced more or less quiet, but I cannot record a single case in which recovery seemed due to its use. In ordinary cases of sleeplessness and melancholia, doses of from thirty to forty grains were given at night. In recurrent mania the dose has been increased up to two drachms three times a day, and continued for two weeks, and only discontinued because the digestion began to suffer.

I subjoin some cases in which chloral acted as the whole or partial cause of the insanity. In the first case chloral seemed only the exciting cause of the attack, but the very large dose taken is of importance.

E. J—, married, æt. 32. Had been much worried about a family scandal, but had exhibited no signs of insanity. She had been suspected of taking narcotics, including chloral, for five years. She took with suicidal intention 240 grains of chloral in syrup at one dose, was found insensible and medical assistance was sought. I have no notes of what means were used, but she recovered and was quiet and sensible, though very weak, for the rest of the day. Next day, however, she began to smash windows and furniture, and was removed to a private house, whence she was brought to Bethlem. She was suffering from mania with rapid tendency to dementia. After two and a half years' treatment she was discharged uncured.

In the next case the causes were also mixed.

A. P—, æt. 26, married six months. Had a miscarriage six weeks before admission. Has strong inherited taint. She had been sleepless for some time, and had taken chloral for twelve months. The earliest symptoms were a change of affection for her husband and delusions, such as that he wished to poison her. She had also hallucinations of sight. On admission she was in a condition of acute partial dementia.

She rapidly improved in general health and lost her delusions, but always seemed to have an odd, shy manner that made us doubt the completeness of her recovery. She was, however, discharged, and continued well enough to be kept at home. She and her friends attributed the attack to the chloral.

The last case I shall give is that of A. K—, single, æt. 48. This patient had for years been considered eccentric, but was a woman of unusual mental power and of considerable attainments, though deficient in self-control. She was admitted suffering from insanity, with ideas of persecution, was in very feeble health, and very nervous and irritable. Appetite bad, digestion feeble. Sleepless. A stomachic, together with the withdrawal of stimulants and chloral, promoted a rapid improvement in health, and the patient was discharged on leave at the end of six months.

In this last case there was the marked loss of appetite, the listlessness and irritability that I have remarked in many chloral-takers.

It would not be fair to omit my favorable experience of the use of chloral in epileptic furor. In one case in private practice I saw a woman of over 50, who was of rather intemperate habits. She had had several severe epileptic fits, at long intervals, always followed by sleep of a few hours, and then most furious mania that lasted for several days.

I saw her in and through a fit which was just as her friends described her former ones; and in the next I administered forty grains of chloral hydrate; she slept for twelve hours, and when she awoke was quiet and reasonable.

In several subsequent fits I tried chloral in some and did without it in others, and the results always were quietness with chloral and mania without.

I have an idea that in cases of insanity due to recent injury to the head the chloral does harm, and I have been struck by the similarity of its action with that of stimulants in some similar cases.

Chloral with camphor.—I have given it in the following way, and with some small success. Ten grains of camphor were rubbed up with ten of chloral hydrate, and then simple syrup slowly rubbed up with these. This does not make

a very stable compound, and requires shaking before it is given. I began with ten-grain doses of each drug, and in some cases pushed the dose to thirty grains of each. I tried it especially in two classes of cases—the wildly destructively maniacal, who were filthy in their habits; and secondly, those who were erotic or lascivious in action (in many of these cases there is a tendency to irritate the genitals or to expose them). The medicine was given both to men and to women, and was repeated twice or thrice daily. As a rule it produced more or less marked quiet, though this quiet was generally but temporary. I find that out of twenty cases of which I have records, fourteen were made more quiet, and in one only was the patient more violent after each dose; in one other the patient was more emotional. Most of the cases were cleaner in their habits. The medicine produced its effect in from half to one hour, and this lasted from three to six hours.

In one case ten grains of camphor and ten of chloral produced alarming symptoms; the patient, a single girl of twenty years, who had had several previous attacks of acute mania, having been noisy, destructive, and dirty, was given the medicine, and within an hour I saw her collapsed, pulseless, and vomiting: we had some difficulty in restoring animation. The patient was neither better nor worse for the severity of the symptoms, and the maniacal attack ran its ordinary course unchecked.

There are several other peculiarities to be noticed in the use of this drug, for whereas the prolonged use of chloral alone produced loss of appetite and of flesh, the addition of camphor obviated this, and all our patients gained in weight and also improved in appetite. In three separate wards in which this combination was tried similar complaints were made of its influence in changing the character of the maniacal manifestations. The patients after the lull in the attack produced by the drugs became pugnacious, and several who up to that time were only destructive to property became dangerous to persons.

I would only suggest that this remedy should be tried in such cases as I have mentioned. I do not consider it even certain to produce quiet, but have found it succeed in a few cases.

Thus, A. C—, single, æt. 27. Sister has been insane, but recovered. Has had one previous attack. No known exciting cause for this attack.

On admission this patient was typically maniacal. For three months he continued in much the same state, at times being quiet for a day or two and then becoming as wild as ever. He was excessively dirty and destructive. Succus conii was given in ounce doses and produced some quiet but no improvement in his habits. Thus the succus was continued for a month, and as no real gain was effected the camphor and chloral were given in ten-grain doses.

The following are extracted from my notes.

Nov. 6th.—More quiet and clean after medicine.

28th.—When the medicine is discontinued he is as bad as ever.

Dec. 9th.—Quiet and decent while taking the medicine. He is quarrelsome and has struck other patients.

By Dec. 18th he had improved so much that I discontinued the medicine. He gained greatly in general health and became quite stout; in another month he was discharged and has kept well now three years.

The next case had every appearance of becoming a chronic lunatic till the camphor and chloral were given.

L. M—, married, æt. 36. Family of excitable temperament. Cause of attack domestic worry. She was admitted after symptoms of melancholy had lasted seven weeks. She was in feeble health, fancied her family had been ruined and that she was going to be tortured. She was sleepless and unoccupied.

For six months she steadily lost flesh and remained in the same miserable state. She then became deeply religious and used to try to convert those around her.

This stage of religious happiness gave way in two weeks to boisterous mania; for a month she was constantly raving night and day, and was dirty and violent. She was still very weak and thin, but her appetite was at times ravenous.

After a month she was put on ten grains of camphor and chloral, and was more quiet and sleepy after her medicine. The dose was doubled at the end of a fortnight, and she became more sensible and took to playing the piano. She played brilliantly, but at times rather wildly.

She progressed steadily, gained flesh, and was more anxious about her friends. After five weeks of the full doses of camphor and chloral all medicine was discontinued, and for a time she was not so well, being dissatisfied and bad-tempered. She finally got well enough to be discharged.

I know that some of my readers will say that there is no proof that the medicine produced the effect; but those who saw her case and watched it noticed many symptoms that led them to fear chronic insanity. I record the case and give my opinion and that of those who saw most of her, and also the opinion of the patient herself. A moral shock, at last, seemed to complete what medicine had begun. She received news of the sudden death of her father, and this caused deep but natural grief, and her desire for home reappeared.

It is not necessary to recapitulate the many failures of this drug at present; in almost all treatment we have to vary till we find the suitable drug.

I would recommend the use of camphor and chloral in cases of puerperal insanity, especially in the sleepless, chattering form, where friends are mistaken, and erotic feelings are often present. It increases the appetite and is thus of great service in cases in which weakness is a serious symptom.

Succus conii.—This is another drug of the same kind as hyoscyamine, but it is given in a more dilute form, and the succus containing one fourth part of spirit may be expected to have a somewhat different action. I may here say that I have tried to get patients suffering from various forms of mental disease to take spirits of wine as medicine, but they have always been so obstinate as to render the experiment a failure. The profession has long since got over the dread of succus conii in large doses, since the experience of Dr. J. Harley has shown that half pints may be given instead of half drachms. In giving the succus I have never begun with doses of less than two drachms, and have in many cases increased it up to two ounces three times a day. I have given half a pint to one patient in a day. The usual symptoms were quiet, dulness, dimness of vision, staggering or uncertain gait, some dilatation of the pupils, and some loss of appetite. The effects generally appeared within an hour, and passed off in half a day. The patients became tolerant of the drug, and

required its steady increase. Most of them kept in fair general health, and did not lose flesh to any great extent. I used it chiefly in cases of maniacal excitement, both in men and women, alone and combined with bromide of potassium.

The most noteworthy instance is that of a violent case of recurrent mania, in which for eleven years the patient has had periodical outbreaks of maniacal excitement; these have usually lasted for five or six weeks, and recurred at intervals of from six weeks to two months. I began *succus conii* in the end of 1873, and she had an interval longer than any since her first attack, for she did not again become maniacal until May, 1874. This attack lasted for six weeks, and was not more violent than usual. I may say that, in the interval, she had shown premonitory symptoms, which an increase of the dose from two drachms to half an ounce checked.

She remained well till October, when she had an attack lasting over six weeks, and then kept well till January, 1874, so that she had only two attacks instead of at least four in the year.

In 1876 the *conium* was suspended, to try the result, and there were five attacks of the usual nature.

In 1877, under resumption of the medicine, only two attacks have occurred, one in April, and the other in September.

This is so far satisfactory in this case, but I have been disappointed in very many others.

In some recurrent or chronic cases no good has followed; in others, the quiet has been very temporary.

In several cases of powerful men, who were very dangerous and impulsive, the drug kept them quiet, but did no real good; in fact, in some there was a marked tendency to weak mindedness following the use of the drug. This may have been merely the natural sequel of the case, but I was impressed with the fact that the more I pressed the drug in some cases the more the mental weakness was marked.

Some patients lost their appetites, and became thin. Out of twenty cases watched under this treatment, only about a quarter were rendered more quiet.

In one the recurrence of the attacks was lessened, and in two others rapid convalescence followed; but in only one of these was there sufficient evidence that the drug had any-

thing to do with the result. The brief notes of this case are :

Ellen C—, single, æt. 30. Double insane inheritance. Sudden outbreak of first attack of mania, following a love affair. The mania was of the most violent nature, there being sleeplessness, noise, violence, exaltation and loss of common sensibility. Morphia, injected subcutaneously, produced no quiet. Camphor and chloral, hyoscyamine and shower-baths, also failed, but succus conii in half-ounce doses in a few days produced quiet, the patient began to be more tidy in dress, and steadily progressed. I know that many will be inclined to say that, as is usual in cases of acute mania, the disease runs its course, and is done with, and that this case, after having lasted for six months, naturally came to an end; but before the use of the conium there was no sign of change in any way; whereas this began at once after its use, and the patient herself felt the use of the drug, would ask for it if forgotten, and said she could not do without it. I had to insist on its discontinuance at last. She very slowly improved, and after her violent attack of mania was for some time dull and apathetic. I should advise the use of conium in cases where the patients were noisy and destructive, but, at the same time, needed stimulants. I think I can fairly say, having tried stimulants alone in these cases, that the conium was really the curative agent.

Hyoscyamine.—I must here make some slight qualification of what I have already written on the use of hyoscyamine. It is a pity that two distinct preparations should be included under this name, one used by Dr. Lawson and by him favorably thought of, and another, the true active principle of *hyoscyamus*, which I have used and of which I have not so favorable an opinion. There is, indeed, great danger in this double use of the name, for had I given the full doses of Dr. Lawson, with the active principle, I might have had some fatal results to record.

Hyoscyamine is a very powerful drug, and produces the following symptoms, viz. great dilatation of the pupils, loss of power in the limbs (as shown first by staggering, and later, or in larger doses, by inability to stand), and great mental depression, so that some patients having had one dose struggle

violently rather than take a second. It seems to produce more dread and terror, and a greater feeling of imminent death, than any other drug that I have tried. In one case the patient said that, though it produced a feeling like drunkenness, she yet thought it helped her to control herself and prevented her from being so maniacal as before its use. It produces hallucinations, especially of sight and touch, and causes a disagreeable sensation in the throat, a dryness and difficulty in swallowing, or a feeling as of the passing of a rough, rasping body.

In most of the cases in which I have used this drug the loss of appetite has been great and so persistent that after two months' time the patients ate little or nothing for the rest of the day after it was given. Sickness and collapse may follow one dose. A rash, too, may appear, though I have not yet produced one. The drug seemed slow in action, usually taking from an hour and a half to two hours and a half before its effect was produced. The effect lasted for twelve or eighteen hours in the small doses I began with, but its moral effect sometimes lasted for two or three days in larger doses. Thus I have seen one dose so frighten the patient that she was quiet for three days, though noisy at night.

I gave the drug dissolved in dilute acetic acid and spirit with syrup, usually beginning with $\frac{1}{26}$ of a grain. I have produced most alarming symptoms with $\frac{1}{26}$ and $\frac{1}{13}$ of a grain, and in one case $\frac{1}{40}$ of a grain produced physiological effects. In general the symptoms and treatment were as follows:

A noisy, destructive patient in fair health was selected. After breakfast—so as to ensure at least one good meal— $\frac{1}{26}$ of a grain of hyoscyamine was given. For an hour and a half the violence was hardly affected, then the patient became quiet and sullen, lying on the floor or on a couch and objecting to be moved; if interfered with she used strong language, but without gesticulation. Pupils dilated. Sometimes there was evidence of hallucinations, the patient picking at her hands and face and looking as if in search for vermin; at the time of the next meal refusal of solid or fluid food; but the symptoms slowly passed off, and tea or supper was taken unless the medicine had been repeated.

In some cases or in the same case at other times single

doses had small effect and had to be repeated. Generally during the day following the first day's treatment there was marked quiet. If the medicine was given at night the patient kept in bed and was usually less destructive and less dirty, but did not seem to sleep. On increasing the dose up to $\frac{1}{13}$ of a grain, giving this in some cases twice or thrice daily, I did not find the patients at all improve in their power of tolerating the drug, the physiological effects being very marked at the end of two months even without increase of dose, neither did the appetite improve.

I may briefly refer to some cases so treated, and in selecting them I think they fulfil the requirements of such an investigation. These were three cases of most violent mania, one in a young girl who had a year ago recovered from an attack lasting nine months. The second had been watched through three previous attacks in Bethlem during the past ten years, and so we were able to notice any change in the course of her present attack. The third was a case of most violent recurrent mania in a woman who had been in Bethlem eleven years, and has had recurrent attacks of mania about four or five times a year, lasting a month or six weeks; here, again, we could compare the present with former attacks.

In one case of active melancholia with constant restless movement it was tried, and in a case of mania associated with chorea.

In the first case the treatment was tried for six weeks, and during that time no change took place, but then she improved rather suddenly and I discontinued the drug; the improvement continued, and she has since convalesced. On inquiry, however, I found she began to menstruate—after long amenorrhœa—on the day when her improvement was first noticed, so that I cannot attribute the cure to the medicine.

In the second case the patient was quiet after each dose, but had a great dread of the medicine, and on seeing me used to be violent and call me a murderer. Her appetite became very bad, and she lost flesh rapidly. There was no great excitement under the treatment, and no signs of other physical disease. After two months the treatment was discontinued, as the patient was becoming alarmingly thin and sallow in appear-

ance. The only gain in her case was increased quiet in the ward, purchased at too high a rate.

The third case was treated in the same way, and was quiet for a day; then, on giving two or three doses daily, she was quiet for three days, but noisy at night. She was enraged at seeing me, and struck me, calling me "a poisoner." One thirteenth of a grain produced, in an hour and a half, complete inability to stand, sickness, cold clammy skin, and absence of radial pulsation, and but for warmth and stimulants I believe she would have died. No good result followed this. Smaller doses were resumed, but after two months were discontinued.

This patient had a longer and more severe attack this time than she has had for years, and in this alone did she deteriorate markedly in general health; in fact, we discontinued the use of the drug in consequence of her loss in weight and strength.

The case of melancholia was rendered worse in body and no whit better in mind. Morphia always acted well on her, but I was anxious to avoid a habit of morphia-taking, and tried to check the restlessness by hyoscyamine.

In the case of chorea my experience agrees with Dr. Lawson's; for even $\frac{1}{40}$ th of a grain produced most severe symptoms, and $\frac{1}{36}$ th caused me great alarm.

So in my experience hyoscyamine has done no good, but harm. Yet I believe some chronic destructive cases, such as are more common in county asylums than in Bethlem, may be quieted, but not relieved, by its use.

Before leaving this part of my subject I may say that I have tried other powerful narcotics and depressants, but having nothing new or satisfactory to record I omit all details.

Tincture of hyoscyamus has been tried in doses of from one drachm to an ounce without good results. Tincture of belladonna in doses of a drachm has also failed. Tincture of digitalis has a rapidly depressing effect, and produces quiet in some cases of acute mania; but the general health having failed under its use, I should hesitate to try it freely again in any cases of simple insanity where there was no heart complication, or even in some cases where the heart disease seemed to indicate its use. I have found it wise to discontinue it in insane cases for other reasons.

I tried nicotine in small doses, but the strong and nauseous taste, which nothing could cover, prevented its being continued, and so my experience is of no value.

More time might have been devoted to the treatment by bromide of potassium, but I have been unfortunate in not getting many cases in which it did good, either alone or combined. In sleepless cases I found short temporary benefit, but the good effects so soon passed off that I have almost discarded it. Combined with Indian hemp, it makes a rather powerful sedative, but it is extremely difficult to get patients to take it, and I have found equally good results from less disgusting medicines.

Purgatives.—We rarely give these at Bethlem with the idea that we shall cure by their means, and still more rarely to quiet the patient or keep him employed. I have heard physicians to asylums say that without severe purgatives they did not know what they should do. In particular I have heard that in many violent epileptics purgatives produce quiet. It is well, in nearly all cases of acute insanity, to begin with a purge, or at least not to be in doubt about the action of the bowels for many days. Formerly I was often misled, and mistook sudden depression for sudden cure. I have seen many violent maniacs, whose bowels were confined, become quiet for some hours, or even two days, after a free purgation; but the symptoms returned, the disease was unchecked, and I sometimes fancied real harm was done by the physical depression produced.

I habitually use purgatives now for a short period in cases that are suffering from visceral insanity—if I may use the term—in persons who fancy they have lost their intestines, that their bowels are closed or have become otherwise useless. I generally give aloes in five-grain doses, with one grain of quinine, twice-a-day. I can only record very slight benefit, but in one or two cases improvement did occur; the bowels, formerly constipated, acted freely, the appetite improved, and the delusions passed off. I would suggest that the time will come when the above cases will be subdivided into those in which the viscera themselves are the seat of morbid sensations, and others in which some cerebral centre, or something between centre and viscus, is at fault. That an insane appetite for food may persist when gastric appetite is wanting was

shown by one patient of mine who was always thinking and talking of his next meal. For some days I gave him tartar emetic to produce nausea, and he still talked of his next meal, though unable to eat anything.

In most cases of melancholia, as I have already said, the functions are sluggishly performed, and the patients are benefited by occasional purges.

I prefer salines in nearly all cases.

I have lately given Friedrichshall, Vichy and Hunyadi Janos waters, in large quantity, and altogether much prefer the last. A dose of from two to four ounces in the morning twice-a-week acts beneficially and the patients are more depressed and sleepless if it be discontinued. I cannot record any case cured by its use, but the number of those that were assisted towards recovery was considerable.

In some cases of melancholia the aloes and quinine are useful and preferred by the patients themselves.

As to the use of croton oil, I would only say I give it as little as possible. In cases of acute mania, with great heat of head, restlessness, destructive violence, and want of appetite, when the bowels are supposed to be confined and other medicine is administered with difficulty, I would give one or two drops of croton oil in a little fluid, but would not repeat this for a week.

It may be a ready way of keeping patients of dirty habits clean to give them opiates for a week and then a drop of croton oil, but though ingenious I should think it hardly justifiable.

Stimulants.—In the general treatment of mental diseases, next to quiet and absence from home, careful dieting is most useful. Stimulants are a large item in the expenditure of asylums, and, I believe, when judiciously ordered and watched, they are of the utmost importance.

In many anæmic cases quiet and sleep result from the glass of porter or spirits at night; again, as most of our patients are physically weak and have little or no appetite, a small quantity of stimulant is required.

Last year we gave claret mixed with sulphate of soda in small doses at short intervals to several acute maniacs at the request of a French doctor, who said he had seen many such

cases become quiet under the treatment; but after three weeks' trial, none of the patients being in any way improved, we discontinued the treatment.

I have tried to give spirits of wine in syrup, but after a short time patients refuse to take it, and so my results are not satisfactory. Koumiss, too, has been given in many cases of great exhaustion and in some cases of phthisis with insanity (one patient took about £10 worth of it), but I have not found any better result from it than from other stimulants. It has been of use in one or two cases of hysterical dyspepsia or anorexia, when ordinary food was not taken. It certainly prevents waste and is easily digested. I usually gave a pint daily of Sparkling No. 1.

While referring to special forms of treatment, I may give my experience in the use of emmenagogues. In many cases the insanity and the amenorrhœa are both dependent on the same causes. In conditions of exhaustion, such as phthisis, we find this; but as there may grow up a vicious habit of mind, so there may of the body, and many cases suffer from amenorrhœa long after the cause has been removed. Amenorrhœa is often supposed to cause insanity, but alone it produces little or no effect on the otherwise healthy mind.

In treating both the insanity and the amenorrhœa the *whole* question must be considered. In most cases of melancholia all the functions both of mind and body are sluggishly performed; the circulation is feeble, the appetite bad, the bowels confined and menstruation absent. All these symptoms may be alleviated by general measures, but some may be removed and some remain. It is not necessary that patients should always menstruate before they are discharged well, but I have greater confidence in the welfare of such patients as have successfully passed two periods after convalescing. In the weak and anæmic cases I prefer to give the old Griffith's mixture and Decoct. Aloes Co. in half-ounce doses of each twice daily, and the result is usually satisfactory, after time has passed.

In some other cases, where habit seems to have the most to do with the deficiency, iron has generally failed, especially where many months have passed since any signs of menstruation were seen. In these cases I have been most successful

with the tincture of black hellebore given in doses of half to one drachm. In my hands this has never produced any unpleasant symptoms, and out of many dozens of cases I have had hardly any distinct failures. In several of them menstruation has been re-established without any mental gain, and in some, after re-establishment for a time, it has again ceased and a change of treatment has been more useful. The class of cases most benefited is shown by the subjoined notes. One peculiarity I have noticed is the rapidity with which this drug acts if good is to follow, and I have also been struck with its quick action after very prolonged amenorrhœa.

G. S—, single, æt. 43. Cause supposed to be climacteric. She was suffering from melancholia of the most profound kind. Her general health was feeble, and her functions sluggish. She had some slight outbursts of violence. Medical treatment produced no improvement. Morphia, shower baths, and galvanism each failed in turn. Iron and aloes were long continued and produced no effect. In March Tinct. Hellebori Nig. ʒj ter die was given, and within a month, the catamenia having been two years absent, the patient menstruated and continued regular. After this there was a slow but steady improvement in her general health, and her mind became less clouded. She never became strong-minded again, but was able to be kept at home.

M. E—, single, æt. 28. No neurotic inheritance. The first symptom two months before admission was depression, said to be due to fright. She was also weak and suffered from amenorrhœa of some months' standing. On admission she was suffering from melancholia with stupor, markedly feeble in circulation, obstinate about her food, and untidy. She was put on Tinct. Hellebori ʒj ter die, and in about five weeks the menses appeared and she steadily improved and was discharged cured.

In the next case the action of the drug was rapid, but the patient's mental condition had improved before its use. In her case the physical improvement had even exceeded the mental, and yet the menses remained absent.

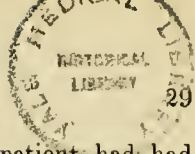
L. M—, married, æt. 36. No insanity in the family. On admission was suffering from active melancholia, dreading all sorts of injuries to herself and her children. She was much

emaciated and took food badly, and what she took seemed to do her no good. Bowels confined. Menses absent. Extremities cold.

She passed into a maniacal condition, which lasted some time, but no menstruation took place, though she now ate voraciously and was rapidly gaining weight. She was treated with good results with camphor and chloral, and got into perfect general health and became nearly well in mind. Aloes and iron were given, at intervals extending over some months, but no good result followed. The use of Tinct. Hellebori Nig. ʒj was followed in a week by menstruation, after an absence of thirteen months. This rapid re-establishment has already been noticed as having occurred in several of those cases in which everything seemed ready for a change, but no motive power could be found.

The re-establishment of menstruation is important, for we see many cases remain for many months in an unchanged condition where it is irregular, while a fair number of cases amend rapidly after its reappearance; on the other hand, the return of menstruation unaccompanied by a mental change adds to the gravity of the prognosis.

Physostigma.—My paper would be incomplete without some allusion to the treatment of general paralysis by means of physostigma. We have not in Bethlem the large field required for observation of the treatment of this disease, in which there are many fallacies to be met. Very many general paralytics improve rapidly on removal from home, and I am at present unable to say which cases will improve and which will not. Hence I hesitate to affirm that many of our cases that have become quiet and improved while taking the Calabar bean owed their improvement to the drug. In some cases other means of testing its utility have been tried, such as discontinuing its use for a time and then resuming it. My experience is that in young cases of undoubted general paralysis, who have not passed beyond the first stage of excitement, physostigma does some good, in fact that a rather larger number of such cases have remissions than of those not treated with it. Thus, Thomas C—, married, æt. 33. Cause probably sexual excess. After several months in the asylum with periods of exaltation and depression, with all the marked



tremors of face and tongue, and after the patient had had several slight epileptiform attacks, he was put upon tincture of physostigma in twenty-minim doses. Under this treatment he improved steadily and for some weeks had no relapse; discontinuance of the drug was followed by a return of the symptoms. On resuming the medicine he again improved, but injudicious removal by his wife again started the disease in a more violent form, which has probably by this time ended fatally.

Another patient, who had had one remission three years ago, and who after this unusually long period of health again showed symptoms of the disease, seemed to be almost completely controlled by the tincture of physostigma, so that with it he was quiet and without it he became excited and lost. I frequently gave the medicine and then discontinued it, and always with the same result; he begged for it, saying it did him good. As usual, however, in general paralysis, he did not have a second remission and was discharged uncured.

Electricity.—I feel some diffidence in speaking of the electrical treatment of insanity, because so little has been done by us continuously, and I can only say that I have not a high opinion of its value.

In some dull cases, who are depressed and without energy, a weak continuous current passed from forehead to nape has roused the patient and done good, and in one or two cases of acute primary dementia satisfactory results have followed, one patient distinctly saying that after several months of complete mental blank his first returning sensation was of the current. In convalescing cases this treatment is certainly of service, both from its own effects and from the concentrated attention of attendant and patient.

At present we are treating several cases with the induced current, one a case of dementia following puerperal mania. In this case each application of the battery causes some exertion of the will, and the dread of its use produces some mental reaction. In another careless untidy patient, a young girl, the effects have also been satisfactory, but I can only mention these results at present, hoping to have further and more satisfactory ones in future.

Both the continuous and induced currents have a stimulating

effect on certain cases, but as yet I cannot say which will be benefited. I may say I have seen no harm done in any case.

Outside ordinary therapeutics we have to consider certain conditions that contribute to cures in insanity, and I must own myself at fault at present for a satisfactory explanation. I have elsewhere¹ referred to cases of insanity in which physical illness has produced marked improvement on the mental condition. At one time I thought that the benefit followed more certainly when the source of irritation was situated on the head, but I have seen now a large number of instances in which inflammatory affections occurring on distant limbs produced marked benefit. In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some purgatives are beneficial.

Nowadays we have become rather too careful about the appearance of our patients. As long as acute mania was looked upon as a sthenic inflammatory process in the brain severe measures were used, but now that we recognise that weakness may be associated with the greatest display of excitement we have been afraid to use the more severe remedies.

Daily am I more convinced of the large part that loss of control plays in insanity, the lower or organic part of one's nature over-riding the more intellectual part, but this subject of loss of control is large enough to require a special essay for itself. I have already published in the 'Practitioner' several cases in which relief followed on the development of other diseased processes. The relief in many cases has only been temporary, but in some has been permanent.

In a few to be noticed mental improvement took place at the time that other destructive disease was progressing; it has long been known that in some cases of insanity associated with phthisis the patient's reason was better for a time while the disorganization of the lung was going on, and if the lung disease was arrested the mental symptoms reappeared. A few cases recover sanity a short time before death, and we have been able thus to discharge mentally well several patients who

¹ 'The Practitioner' of June, 1876.

were dying of phthisis. Of the cases already reported I will only refer to in brief :

Case 1.—Melancholia passing into partial dementia following childbirth, recovered suddenly and permanently after the formation of a retro-uterine hæmatocele.

Case 2.—Mania of six months' duration, steadily improved and got well with a severe attack of toothache and gumboil.

Case 3.—Acute mania of four months' duration with recovery after inflammation of lower jaw due to a carious tooth.

Case 4.—Melancholia, temporary recovery during an attack of erysipelas of the head.

Case 5.—Melancholia, improvement after severe abdominal symptoms due to obstruction from foreign bodies swallowed.

In addition to what I have already said I may call attention to the improvement seen in cases suffering from insanity of pregnancy at the period of quickening. Other cases may be added ; thus, one reported by me in the '*Lancet*' of a young man who had an abscess about his ear and who recovered on its being opened, though no diseased bone could be found nor any direct communication with skull or brain. Here we have a case in which there was irritation enough set up to cause insanity in a reflex way that is very hard to explain, and this was relieved by evacuation of the abscess.

I have seen also one case in which the irritation was of a more distant kind. One can more readily understand disease about the head having an influence on the brain, but in the case I refer to there were two symmetrical abscesses following parturition, and the opening of these was followed by immediate relief. Other cases of abscesses of the breast and mental recovery are on record. Pain alone is not sufficient to produce the results spoken of, for it is rare for women who have been insane during the latter months of pregnancy to recover at once after delivery. I have only seen one such case in which the patient recovered during labour and was rational for a few hours and then relapsed. She ultimately got quite well.

In the following case mental improvement followed the development of paraplegia, and whether there was any true relationship is difficult to say, but as the case resembles one already reported (Case 5) in the fact that the symptoms followed injury due to swallowing foreign bodies, I give it.

George J—, married, æt. 44, sober, industrious. No neuroses in his family. Cause unknown. The first symptom was depression, coming on five months before admission into Bethlem. He fancied he was suspected of crime and he threatened suicide. On admission he was restless and miserable, and fancied all sorts of things were being done to his relations, and that he was detained at the hospital while his wife and children were injured. For months he was thus wretched, and always planning suicide. He rather surprised us one day by talking more sensibly; he then showed signs of paraplegia, and told me he had swallowed a large number of stones, which he had not passed, and that he had ever since had pain in his abdomen with gradual loss of power in his limbs.

Here the effects of the stone-swallowing and the mental improvement took place in a patient who had had delusions of persecution for nine or ten months. He is now mentally well, but the paraplegia is increasing.

One cannot be too careful in the general diagnosis in cases of mental disease. In the majority of cases no other specific disease can be detected, but the numbers of cases that are admitted into asylums suffering from unrecognised phthisis, should alone induce every one having charge of mental cases to examine so carefully as not to overlook any possible cause of disease.

A few cases that I add are of great interest from the fact that the mental symptoms, depending on conditions that were overlooked for a time, immediately yielded on the discovery and treatment of the latter. In the first case gout was the disturbing cause.

John E—, married, æt. 53. Pecuniary losses given as the cause of the present attack, which had lasted nine months. He was depressed from the first, and had made five or six attempts at suicide, nearly succeeding in killing himself by cutting his throat. On admission he was very miserable, and could not be trusted. He believed he was to be vivisected, and fancied he was constantly watched and suspected.

No improvement took place for ten weeks, when he had an attack of gout; he was at once sane, and said he felt "all right now," and that he had not been so well since his last

attack of gout. He has been used to have several attacks of gout yearly, but this year had been without one, and said his lowness of spirits and delusions were due to suppressed gout.

He rapidly improved, but was kept under observation for many months, and continued well in mind, having his usual attacks of gout.

Suppressed gout has been accused of endless evils, and I have no doubt many digestive and nervous disorders are due to it, but it is rare to see such a typical case as the above.

In the next case acute mania was associated with ague.

Alfred D—, single, æt. 18, sailor. In the West Indies had an attack of "fever." He recovered, but was in feeble health, though he followed his employment and came home in his ship. As soon as he got to England he became excited and violent, threatening his father; he was sleepless and rambling in his talk, often swearing and using bad language.

On admission he was a wretchedly thin, sallow boy, of a most morose temper, insolent and overbearing. He refused to be examined by the doctors, as he said "they were quacks." After being in the hospital for two weeks he had an attack of ague, and also of facial neuralgia. He was then examined and found to have an "ague cake" of large size. Quinine was given in two-grain doses every four hours, and he rapidly improved in mind and body, so that he became a most handy, useful patient, cheerful and agreeable in the extreme. He no longer had grand ideas, but began to look about for some engagement in his old profession.

Insanity may be associated with ague and yet have nothing to do with it. We had a case of a doctor who got ague in North America, and though when under treatment he had an attack of ague, which was cured by quinine, his mental symptoms were unchanged.

Another very important question in insanity and its treatment is its relationship to syphilis. In some cases all the difference between hope and despair lies in the diagnosis. Some cases of syphilitic insanity so closely resemble dementia or general paralysis that the best judges may be mistaken.

Not only is there great danger of overlooking syphilis in acute forms of disease, but one may be misled as to the termination of the attack. Thus, I have seen some cases of insanity in

which the patients have passed through an ordinary attack of mania, but when they were expected to take a turn and begin to improve, they have remained stationary till it was discovered that they were also suffering from constitutional syphilis, the treatment of which resulted in permanent cure. In the first case there was enough evidence of syphilis; the symptoms were unusually acute and in some ways peculiar.

Hester N—, æt. 31, widow. Had one living child; after this she had many miscarriages, ulceration of the throat, and ulcer of the womb. On admission she was careless, indolent, and untidy. At times she was emotional, was usually dull all day, but at night maniacal and noisy. The right eye became affected with external strabismus and ptosis. Ammonii Iodid. gr. x ter die was given and the patient began to improve mentally at once. She slept better and had no more attacks of nocturnal mania; and ultimately got well and was sent home cured. In this case the nocturnal headache of syphilis was followed by nocturnal mania.

In the next case dementia of a marked type came on, and we all doubted whether the disease would not run a course that would justify the name "general paralysis of the insane."

Henry P—, married, no children. No neuroses in the family. Had three "fainting fits" before admission. Contracted syphilis six years before admission, having a hard sore followed by constitutional symptoms. He has now one large fibroid testicle, and has severe frontal headache.

On admission he was boisterous and dogmatic; he wanted to preach and convert humanity. He gradually became more quiet under the influence of physostigma, but the quiet gave place to weak-mindedness and general apathy, at the same time ptosis of the right lid and external strabismus appeared. Ammonii Iodid. was given and mercurials also used, but, for three months, he grew steadily worse, became dirty and quite demented, and could not be got to swallow his medicine, which was therefore discontinued.

Within the next month, the ptosis and strabismus became less, and the patient again became more intelligent. The improvement continued; and finally he was discharged well, and has remained so for over two years. I will only refer to one other similar case.

M. G—, male, single, æt. 29, horse-trainer. Had syphilis fourteen years ago, followed by constitutional symptoms, but no mental symptoms till in a general hospital, where he was being treated for “syphilitic tumour of the brain” and loss of sight. The symptoms arose from his imperfect sight; he fancied people were stealing his things, and became so violent and unreasonable that he was transferred to Bethlem. On admission he was quiet and well-behaved, but would not believe his old ideas were delusions. He did not complain of headache, took his food fairly well, but was sleepless at night. There was ptosis and external strabismus in the right eye, and the condition of his discs was thus noted:—In left eye marked turgescence of vessels; this was also seen in right eye, with optic neuritis. He could see indistinctly; thus, he could detect fingers held up, but could not count them. He had a scaly eruption over his face.

He was put on Potassii Iodidum and also had mercurial inhalations. He rapidly improved both in mind and body, and was discharged at the end of two months, his sight almost as good as ever, his discs having become normal in aspect, and the ptosis almost gone. We have heard frequently of him, and he is still well after eighteen months.

In the next and last case of syphilis I shall give, the constitutional taint seemed to prevent complete cure till recognised and treated.

Geo. G. F—, single, æt. 22, artist. Suicidal tendency in the family. Overwork and excitement about the “Academy” given as cause of insanity. On admission he was wildly maniacal, boisterous, violent, dirty, gaudy in his dress, and in fact a most typical case of acute mania, and for about three months continued in this state. He then became more quiet, and we were not surprised, after so much excitement, that he should be depressed for a time. He did what he was told, but took no interest in his surroundings, and would neither paint nor draw. After three months, during which he got slowly more solitary and dull, there being no distinct melancholy, but only a want of energy or will, I was called to see a sore throat he had, and in doing this I found a gumma in his tongue breaking down. He owned to having had syphilis, and to having been treated for constitutional symptoms several

times. He was put on Potassii Iodid. and Pil. Hydrargyri. Within two months he was sent home on leave of absence, in another month was discharged robust and well, and we have heard of no relapse during the past four years.

This last case is not the only one of the kind I have met with, but it sufficiently illustrates my meaning. I have seen other cases with rashes or ulcerations almost certainly due to syphilis, in which no treatment did good till this was distinctly treated. I would no more say that all cases of insanity associated with syphilis are curable than that all gummata can be absorbed.

Some cases of so-called general paralysis, in persons who are known to be syphilitic, may run to their fatal end unchecked by iodides, but I think some cured general paralytics owe their symptoms to syphilis.

To conclude my paper, I would say that *insanity* requires no special treatment medicinally; the *causes* and *conditions* of the attack must be studied and treated. The *moral* treatment must for long, if not for ever, be the chief thing aimed at; and except those of general paralysis or insanity associated with bodily decay of one kind or another, most cases are curable if treated soon enough and by means of the right mental levers.

